

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS-OCCUPATIONAL LICENSING PROGRAM
(916) 323-9803

**APPLICATION FOR
MANUFACTURED HOME/MOBILEHOME/COMMERCIAL COACH
90-DAY CERTIFICATE**

CHECK APPROPRIATE BOX FOR:

<input type="checkbox"/> A. Applying for an Original 90-Day Certificate	Certificate Holder: Dealer:	Complete Sections 1 and 4, and submit - \$100.00 Complete Sections 2 and 3	N/A
<input type="checkbox"/> B. Change in Supervising Managing Employee	Dealer:	Complete Sections 1, 2, and 4	\$15.00
<input type="checkbox"/> C. Change in Employment of a 90-Day Certificate Holder	Certificate Holder: New Dealer:	Complete Sections 1 and 4 Complete Sections 2 and 3	\$ 15.00 N/A

SECTION 1 - APPLICANT INFORMATION (Type or Print)

NAME:

Last First Middle Home Telephone No.

MAILING ADDRESS: _____
P.O. Box or Number and Street city State Zip Code

RESIDENCE ADDRESS: _____
Number and Street City State Zip Code

FORMER EMPLOYING
DEALER (If applicable): _____ YOUR 90-DAY CERT. NO. (if applicable): _____

SECTION 2 - EMPLOYER INFORMATION (Type or Print)

DEALERSHIP NAME: _____ LICENSE NO. _____

DEALERSHIP ADDRESS: _____
Number and Street City State Zip Code

LOCATION OF EMPLOYMENT: _____
(If different than dealership address) Number and Street City State Zip Code

SUPERVISING MANAGING EMPLOYEE DESIGNATED RESPONSIBLE FOR SUPERVISING THE 90-DAY CERTIFICATE HOLDER: (Type or Print)

☐ **Check If this Is a change of supervising managing employee**

NAME: _____ LICENSE NO.: _____
Last First Middle

SIGNATURE _____ DATE _____

THE DESIGNATED RESPONSIBLE EMPLOYEE HEREBY CERTIFIED THAT HE/SHE SHALL DIRECTLY SUPERVISE THE APPLICANT EMPLOYEE IDENTIFIED HEREIN

NOTE: FOR A CHANGE IN SUPERVISING MANAGING EMPLOYEE, THIS APPLICATION SHALL ALSO BE ACCOMPANIED BY THE FEE IN ACCORDANCE WITH THE CA LIFORNIA CODE OF REGULATIONS, TITLE 25, CHAPTER 4, SECTION 5040(a)(8). (\$15.00)

SECTION 3 - EMPLOYING DEALER CERTIFICATION

I, _____, certify that I have reviewed the information contained in this application and intend to
Type Name or Print

employ the above-named applicant as a manufactured home/mobilehome/commercial coach 90-day certificate holder. I further acknowledge that the above-named applicant will not act as a 90-day certificate holder until he/she receives, and delivers to me the 90-day certificate issued by the Department. I further certify that the 90-day certificate holder will not continue to be employed under my license, beyond the specified 90-day period, unless the certificate holder has become fully licensed as a salesperson.

SIGNATURE: _____ TITLE: _____

DATE: _____ EXECUTED IN THE COUNTY OF _____ STATE OF _____

SECTION 4 - APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury that the information given on this application is true and correct to the best of my knowledge and belief.
(Type of Print Name)

SIGNATURE: _____ DATE: _____

EXECUTED IN THE COUNTY OF: _____ STATE OF: _____

NOTE: FOR A 90-DAY CERTIFICATE APPLICATION, THIS APPLICATION SHALL BE ACCOMPANIED BY THE FEE IN ACCORDANCE WITH THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, CHAPTER 4, SECTION 5040(d)(4).

You, the applicant, may appeal directly to the Director of the Department and/or the Secretary of the Business, Transportation, and Housing Agency for a timely resolution of any dispute arising from a violation of the time periods within which the Department must process this application. The appeal shall be decided in your favor, if the Department exceeds the maximum time period of issuance or denial of the certificate and has failed to establish good cause for reimbursement of any and all filing fees paid to the Department, in accordance with the California Code of Regulations, Title 25, Chapter 4, Section 5020.5(g).

Director
Department of Housing and Community Development
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(916) 323-9803

Secretary
Business, Transportation and Housing Agency
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Sacramento, CA 95814
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